

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML		12/2/99
O.I.P.E. CLASSIFIER			7/10/7-99
FORMALITY REVIEW	WW	69475	7/18/99 2/10/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	5/4/03
2	7/26/03
3	8/2/03
4	✓
5	✓
6	0
7	0
8	0
9	0
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12	✓ /
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Claim	Date
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Claim	Date
Final	Original
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ST AVAILABLE COPY If more than 150 claims or 10 actions  
staple additional sheet here